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CHARLES L. LE ROUX, M.D.,

*Pass Christian, Harrison Co., Miss.*

DUP.

THE  
MEDITERRANEAN OF THE UNITED STATES

AS A

RESORT FOR INVALIDS.

BY

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OF PASS CHRISTIAN, MISSISSIPPI.

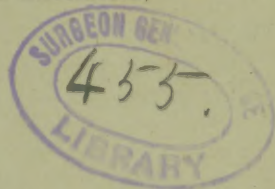
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REPRINTED FROM THE

TRANSACTIONS OF THE AMERICAN CLIMATOLOGICAL ASSOCIATION,

MAY 31, 1887.

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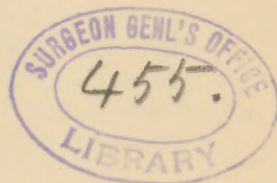
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## THE MEDITERRANEAN OF THE UNITED STATES AS A RESORT FOR INVALIDS.

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IN spite of many excellent and valuable writings, there is perhaps no branch of medical science which has been so neglected as that of climatology. The laws of climate are so ill understood that hundreds of patients are sent away every winter merely to find a grave far from their home comforts, relations, and friends. And why does this state of things continue to obtain?

Among the profession there are too many, who, after exhausting all the resources of their art, look to a change of climate as a *dernier ressort*, hoping, even against hope, to effect a cure. Generally speaking, how easy it is to induce the laity to assume the same hope! We should seldom expect a cure from a change of climate, but rather improvement of a more or less decided and permanent nature. And when this improvement does not take place, is not one liable to attribute to the "propter hoc" that which should be referred to the "post hoc?"

It seems to me that we know too little as yet, concerning the advantages of different climates, at different seasons, to use so lavishly in connection with them the word *cure*; for the seasons themselves are subject to unexpected fluctuations. Who would be rash enough to boast of a model climate—a climate without any drawbacks or imperfections—a climate that would prove infallible for certain complaints? Where is that happy spot? Name it—name it quickly too! For consumption alone, without referring to any other disease, yearly claims a holocaust of victims equal to one-third the entire mortality of the United States. Name it quickly, for if any climate be curative, it is full time we should learn something positive about it. Name it, for to-morrow it may be too late!

But climate, methinks, is only a comparative term, and, generally speaking, perhaps not invariably so, it should be looked on as such. Of late years it has received a very extended application.



"By climate is now understood those conditions of heat, moisture, atmosphere, wind, soil, and electricity, which impress certain conditions, uniform, even when apparently irregular, on given portions of the earth's surface, and which modify, also in a uniform manner, vegetable and animal life."—Quain.

It is, therefore, of primary importance that a physician should be in some way thoroughly acquainted with the advantages and disadvantages of any given climate, before he induces his patient to leave the comforts of home; and he should consider it a matter of sacred duty to give thoroughly honest information to one whose life not seldom hangs by such a slender thread as that of a proper change. That this is too often neglected, we must confess to our sorrow, as we gather proof by the large number of victims returned home every winter from certain of our most famous health resorts. Each time we are told very complacently: "He came too late!" Hundreds, every season are returned in caskets from Colorado, California, Mexico, Florida, and other places. The latter State, in fact, has acquired the unenviable title of "Euthanasia," because so many are sent there to die a comfortable death. There was not, it is true, for most of these invalids the ghost of a chance for recovery when sent. But *n'importe!* the last and only hope was given them. And all this from a sad misconception as to the benefit to be derived from a change of climate!

It, therefore, seems very clear that before advising a patient to leave all that is dear to him, his physician should first make the following inquiries:

A. Is the invalid too far advanced in his disease to exclude all possibility of a cure by a change of climate?

B. Which will suit the case best—a warm, a temperate, or a cold climate?

C. Is the disease acute or chronic, or likely to become so?

D. What is the health status of the spot selected, and its death-rate per 1000?

E. What are the prevailing diseases?

F. What are the sanitary and atmospheric conditions of the place? Is it dry or damp?

G. What are the prevailing winds?

H. Is it liable to malaria?

K. What is the mean temperature at different seasons?

L. Is it liable to protracted, drizzly rains or to occasional refreshing showers?

M. How many days, on an average, can a patient lead an outdoor life without unnecessary exposure?

N. What is the social status of the inhabitants? Are they rough, uncleanly, uneducated, inhospitable, or otherwise?

O. Is the patient likely to secure proper fare and attention? How are the hotels and boarding-houses kept? Can private cottages be secured in case of need?

P. Is the resort in direct, easy communication with other parts of the country both by rail and by wire?

R. Are there any good physicians practising there?

It is clear that one's common sense ought to suffice to find adequate reasons in the proper answers to the above, why he should or not, select any given locality for his invalid friend, and each proper answer will contain a therapeutic fact or law which no person of ordinary intelligence and education will fail to recognize and properly apply in time of need.

During my late visit North I found, to my utter surprise, but three or four of my colleagues who seemed to know the location of my place of residence and practice. I mean the town of Pass Christian, Miss., and great, indeed, was their astonishment, when, in the course of conversation, I told them of its advantages as a summer and winter health resort—the latter especially.

All agreed it was my imperative duty to make it known as soon as possible to the profession, and on parting with them, they made me promise that I would write an article on the subject.

It is my apology for taking up my pen on this day, knowing full well how many others could handle it to better advantage, and do greater justice to the subject. In doing so, I will positively give a simple, but fair *résumé* of the advantages of our seacoast as a resort for invalids, and will feel sufficiently rewarded for my labor, if these lines should induce my colleagues to give this resort the test which it deserves over many others, and which, after being extolled to the skies, enjoyed but a temporary popularity, because not founded upon the proper basis—truthful facts.

If one will take the trouble to examine the little map I append to this article, he will notice that the Gulf Coast, which lies between the cities of Mobile and New Orleans, forms a crescent, in the centre of which lies the town of Pass Christian. At a distance from shore varying between five and eight miles, a belt of islands forms a protective bulwark against the occasional storms that may prevail in the Gulf, making the body of water between the islands and the main shore a



sort of inland lake, elliptical in shape, and rarely disturbed beyond a ripple.

These waters abound all the year round in fish and oysters, and offer to many the pleasures of yachting, rowing, and fishing. Time does not permit me to give a description of the advantages of each place on this coast. The distance by rail between Mobile and New Orleans is about one hundred and forty miles, and there are from twelve to fifteen villages stretched along the Gulf shore, varying in population from one to two thousand inhabitants.

As nearly all I will say about Pass Christian applies equally to the other resorts, I will content myself, for the present, with mentioning the advantages of the beautiful little town in which I have resided for the past twenty-three years. In so doing, I will attempt to answer the several test questions previously mentioned in this article, and endeavor to prove that this section is as worthy as any in the United States, of the consideration and favor lavished on many other health resorts, both by the profession and by the laity.

Pass Christian claims a resident population of about two thousand, nearly all Americans. Although in a different State, it shares with its neighbor—the town of Bay St. Louis—the honor of being considered a suburb of New Orleans, the metropolis of the South. This city, during the summer, swells the population of these towns to double their number. It lies on the Louisville and Nashville Railroad, at a distance of fifty-eight miles from New Orleans, and eighty-four from the city of Mobile. Both these cities can be reached twice a day by the cars within two and one-half hours.

It enjoys a refined society, several churches, and schools, an institute for young ladies ably conducted, and a shell road five miles long, running parallel to the Gulf Coast, within a few paces of it, offering one of the smoothest and most delightful drives in the country. The town proper is also about five miles long, and composed of two streets running parallel to each other. It is built upon the dorsum of a ridge, which, by its natural declivity, offers the most perfect drainage. Immediately behind the town, and at a distance of barely a quarter of a mile, lies a pine forest, which extends hundreds of miles in depth. This shelters the town from the cold north winds, and constantly fills the atmosphere with a balmy aroma, which in reaching us becomes charged with the iodine, bromine, and saline particles wafted by the soft and gentle sea breeze. Its average temperature in summer is 85°—in winter 70°—thus showing no extremes of heat or cold. But for an occasional “norther,” which is neither severe nor of long duration,



no one need fear the changes of our climate, and, if felt at all, an additional wrap is all that is necessary to insure perfect comfort. The rains are neither frequent nor protracted, very seldom lasting more than an hour, and such is the porosity of the soil that in three-quarters of an hour after a shower, pedestrians can take their usual exercise without fear of wet feet. The atmosphere is positively free from malaria. The sewerage, drainage, and water supply of the town are unsurpassed. There are several artesian wells of a depth of 500 feet. The death-rate per 1000 inhabitants varies between 3 and 4—that is, we witness from 6 to 8 deaths a year. All over this section of the country the Gulf Coast is looked upon as the healthiest spot in the United States, and it has been a matter of great astonishment that no one has as yet undertaken to write fully of its advantages as a winter resort. Perhaps because it lies so near home, and “nothing good” is expected “to come out of Nazareth!”

In my long residence, I can say without fear of contradiction, that never have I seen consumptives come here in the winter who did not return improved—especially those in the first stages of the disease. Most of those who have tested the climate of the Pass usually return, in spite of being differently advised by friends or physicians who know nothing of the health of this section. Bronchitis, asthma, laryngitis—in fact, all cases of trouble connected with the air-passages—improve rapidly, as do all cases of chronic malarial toxæmia. It is not claimed that this climate will *cure* consumption—let that be distinctly understood—but it is asserted that all who come to spend their winters here, return to their northern homes improved beyond the expectation of their friends and physicians. The best time to reach here is in October or November, and return as late as May in the spring.

We claim one of the finest hotels—the “Mexican Gulf”—in the whole country, supplied with all modern improvements and with a flowing well—depth 500 feet—affording the most abundant supply of water (75 gallons per minute), pure and clear as any in the world—capable of accommodating some 250 guests, and well patronized every winter by northern visitors. There are also quite a number of good boarding-houses, the rates of which are more than reasonable, and many private cottages that can be rented for moderate sums by the month or year. There is an abundance of game in the vicinity, offering many inducements to those whose health permits the enjoyment of such sportive recreations. Invalids, on an average, can remain eight or nine hours out of doors during the day, and we average six pleasant

days in the week, giving one all the time necessary to enjoy outdoor exercise, or to ride out in the piny woods.

Our roses are so abundant and beautiful that Northerners do not cease admiring them, and are constantly seen on their return to their quarters loaded with immense bouquets, either gratuitously obtained, or for such modicum that nobody minds the trifling expense.

I regret time does not permit me to write more about this Gulf Sound, which I have dared surname the Mediterranean of America, and, as I truly believe, deservedly. Many of my Northern colleagues, who have come here with invalid friends, or in quest of their own health, will certainly bear me out in all the assertions I have brought forward in connection with this lovely, healthy, and comparatively unknown Gulf Coast. I bring this article to a close, feeling persuaded that ere long this whole littoral will become thoroughly known, its climatic and health advantages thoroughly appreciated, and will enjoy as enviable a reputation as some other resorts have of late years—with the only difference, that when once known this shore will ever remain popular, because the facts adduced in its favor are incontrovertible, and the people of the United States are weary of being humbugged by the myriads of costly advertisements claiming for certain health resorts advantages which they are far from possessing.

Finally, in closing, I earnestly take pride in recommending to the whole of my profession their sending to us, with the positive assurance that they will never regret it, their invalid friends suffering from any of the following classes of ailments:

Consumption—early stages. Bronchitis—chronic. Laryngitis—chronic. Asthma—especially the idiopathic form. Nasal catarrh; all cases of neurasthenia, due to whatever cause; of malarial toxæmia; of anæmia or chlorosis; of neuralgia and rheumatism; and of all chronic uterine or intestinal troubles.





